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Application Number 08/937,8399

REVOCATION OF POWER OF

ATTORNEY WITH

First Named Inventor O'Connor

Art Unit 2626

9252490111;

AND Examiner Name Han, Qi CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number | GRANT-016 hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 30139 ✓ I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: **7** The address associated with 30139 Customer Number: OR Firm or Individual Name Address Zip State ČÍTV Country Emall Telephone I am the: 1 Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Man Name Merk Kevin O'Connor +6126 In July Telephone Diste 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Summit mark aignature is required, see belo forms are submitted. Tours of 1

This collection of Information is required by 37 CFR 1.56. The information is required to obtain or retain is benefit by the public which is to title (and by the USPTO to process) an application. Contributely is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 crimities to complete, including gathering, properlying, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any commonts including gathering, properlying, and submitting the complete dela form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient on the smooth of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Sox 1450, Alexandria, VA 22313-1450.

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